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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	to be assigned 10/586009
Filing Date	7/12/2006
First Named Inventor	Stefan LAURE
Art Unit	
Examiner Name	
Attorney Docket Number	14430

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: As of 20 July 2006, I will no longer be associated with the firm Orum & Roth LLC. Partner Keith H. Orum, Registration No. 33985, maintains responsibility for the case.

CORRESPONDENCE ADDRESS

1. ☒ The correspondence address is NOT affected by this withdrawal.
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OR

<input type="checkbox"/> Firm or Individual Name	Orum & Roth LLC		
Address	53 W Jackson Blvd Ste 1616		
City	Chicago	State	IL Zip 60604
Country	US		
Telephone	312 922 6262	Email	email@orumroth.com
Signature	<i>Catherine L. Gemrich</i>		
Name	Catherine L. Gemrich	Registration No.	50473
Date	18 July 2006	Telephone No.	312 922 6262

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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US Application No. ~~to be assigned~~
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